

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	69607	6/7/00
O.I.P.E. CLASSIFIER		21	6/11/99
FORMALITY REVIEW	YC	70217	6-7-99

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	3-2-00	
2	✓	4-5-00	
3	✓		
4	✓		
5	✓		
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50	✓		

Claim	Final	Original	Date
51	✓		
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Claim	Final	Original	Date
101	✓		
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150	✓		

If more than 150 claims or 10 actions  
 staple additional sheet here